# Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: METHOD AND SYSTEM FOR SOLVING A

PROBLEM ARISING DURING A

WELDING OPERATION OR THE LIKE

Attorney Docket Number:: 0503-1076-1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: PHILIPPE

Middle Name::

Family Name:: ROUAULT
City of Residence:: POISSY

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing 3 RUE LAURENCE CAROLINE

Address::

City of Mailing Address:: POISSY

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 78300

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: FRED

Middle Name::

Family Name:: SCHWEIGHARDT

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

## Correspondence Information

Correspondence Customer Number:: 000466

### Representative Information

Representative	Customer	Number::	000466

## Domestic Priority Information

Application::	Continuity Type::	Parent	Parent
		Application::	Filing
			Date::
This applicatio	Continuation-in-part of	10/006,664	12/10/01

### Foreign Priority Information

Country::	Application Number::	Filing	Priority
		Date::	Claimed::
EUROPE	00403450.0	12/8/00	

## Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::